

2008 RETIREE/COBRA - HEALTH AND DENTAL

HEALTH PROVIDER/COVERAGE CATEGORY*	MONTHLY RATE	BI-WEEKLY RATE	BILLING METHOD
Kaiser Permanente HIGH RETIREE under 65 and COBRA**			City will bill
Single	\$392.75	\$196.38	
2-Party	\$738.55	\$369.28	
Family	\$991.61	\$495.81	
Kaiser Permanente MIDWAY RETIREE under 65 and COBRA**			City will bill
Single	\$346.99	\$173.50	
2-Party	\$669.78	\$334.89	
Family	\$858.72	\$429.36	
Kaiser Permanente LOW RETIREE under 65 and COBRA**			City will bill
Single	\$311.28	\$155.64	
2-Party	\$600.50	\$300.25	
Family	\$815.16	\$407.58	
Kaiser Permanente HIGH 65+ RETIREE***			City will bill
Subscriber (M)	\$186.55	\$93.28	
Subscriber (M) + Spouse (M)	\$369.04	\$184.52	
Subscriber (M) + Spouse (NM<65)	\$532.35	\$266.18	
Subscriber (M) + Spouse (NM >65)	\$1,253.94	\$626.97	
Subscriber (NM<65) + Spouse (M)	\$575.24	\$287.62	
Subscriber (M) + Spouse (M) + Child (NM)	\$622.10	\$311.05	
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$785.41	\$392.71	
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$828.30	\$414.15	
Subscriber (NM<65) + Spouse (NM+65)	\$1,460.14	\$730.07	
Subscriber (NM +65)	\$1,071.45	\$535.73	
Subscriber (NM+65) + Spouse (NM+65)	\$2,138.84	\$1,069.42	
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,391.90	\$1,195.95	
Subscriber (Part A Only +65)	\$769.32	\$384.66	
Kaiser Permanente MIDWAY 65+ RETIREE***			City will bill
Subscriber (M)	\$185.88	\$92.94	
Subscriber (M) + Spouse (M)	\$367.86	\$183.93	
Subscriber (M) + Spouse (NM<65)	\$508.67	\$254.34	
Subscriber (M) + Spouse (NM >65)	\$1,221.47	\$610.74	
Subscriber (NM<65) + Spouse (M)	\$528.97	\$264.49	
Subscriber (M) + Spouse (M) + Child (NM)	\$556.80	\$278.40	
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$697.61	\$348.81	
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$717.91	\$358.96	
Subscriber (NM<65) + Spouse (NM+65)	\$1,382.58	\$691.29	
Subscriber (NM +65)	\$1,039.49	\$519.75	
Subscriber (NM+65) + Spouse (NM+65)	\$2,075.08	\$1,037.54	
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,264.02	\$1,132.01	
Subscriber (Part A Only +65)	\$737.36	\$368.68	
Kaiser Permanente LOW 65+ RETIREE***			City will bill
Subscriber (M)	\$138.94	\$69.47	
Subscriber (M) + Spouse (M)	\$274.10	\$137.05	
Subscriber (M) + Spouse (NM<65)	\$428.16	\$214.08	
Subscriber (M) + Spouse (NM >65)	\$1,161.64	\$580.82	
Subscriber (NM<65) + Spouse (M)	\$446.44	\$223.22	
Subscriber (M) + Spouse (M) + Child (NM)	\$488.76	\$244.38	
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$642.82	\$321.41	
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$661.10	\$330.55	
Subscriber (NM<65) + Spouse (NM+65)	\$1,333.98	\$666.99	
Subscriber (NM+65)	\$1,026.48	\$513.24	
Subscriber (NM+65) + Spouse (NM+65)	\$2,049.18	\$1,024.59	
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,263.84	\$1,131.92	
Subscriber (Part A Only +65)	\$724.35	\$362.18	
Blue Cross HMO HIGH RETIREE under 65 Or COBRA**			City will bill
Single	\$354.66	\$177.33	
2-Party	\$713.94	\$356.97	
Family	\$989.98	\$494.99	

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Blue Cross HMO MIDWAY RETIREE under 65 Or COBRA**			
Single	\$335.70	\$167.85	City will bill
2-Party	\$675.58	\$337.79	
Family	\$937.00	\$468.50	
Blue Cross HMO LOW RETIREE under 65 or COBRA**			
Single	\$308.88	\$154.44	City will bill
2-Party	\$620.98	\$310.49	
Family	\$861.24	\$430.62	
BC PPO RETIREE und 65, Blue Card RETIREE under 65, or COBRA**			
Single	\$558.76	\$279.38	City will bill
2-Party	\$1,113.74	\$556.87	
Family	\$1,424.92	\$712.46	
Blue Cross HMO HIGH RETIREE with Medicare A&B			
Single	\$383.78	\$191.89	City will bill
2-Party	\$772.82	\$386.41	
Family	\$1,071.26	\$535.63	
Blue Cross HMO HIGH RETIREE without Medicare A&B			
Single	\$591.60	\$295.80	City will bill
2-Party	\$1,193.34	\$596.67	
Family	\$1,651.86	\$825.93	
Blue Cross HMO MIDWAY RETIREE with Medicare A&B			
Single	\$363.24	\$181.62	City will bill
2-Party	\$731.26	\$365.63	
Family	\$1,012.86	\$506.43	
Blue Cross HMO MIDWAY RETIREE without Medicare A&B			
Single	\$559.76	\$279.88	City will bill
2-Party	\$1,128.86	\$564.43	
Family	\$1,562.82	\$781.41	
Blue Cross HMO LOW RETIREE with Medicare A&B			
Single	\$337.90	\$168.95	City will bill
2-Party	\$679.70	\$339.85	
Family	\$942.34	\$471.17	
Blue Cross HMO LOW RETIREE without Medicare A&B			
Single	\$525.80	\$262.90	City will bill
2-Party	\$1,059.90	\$529.95	
Family	\$1,467.28	\$733.64	
BC PPO RETIREE w/Med A&B or Blue Card Out-of-State w/Med A&B			
Single	\$688.24	\$344.12	City will bill
2-Party	\$1,372.72	\$686.36	
Family	\$1,755.10	\$877.55	
BC PPO RET w/out Med A&B or BlueCard Out-of-State w/out Med A&B			
Single	\$902.96	\$451.48	City will bill
2-Party	\$1,802.14	\$901.07	
Family	\$2,302.64	\$1,151.32	
Delta Dental DPO RETIREE/COBRA**			
Single	\$56.10	\$28.05	City will bill
2-Party	\$102.06	\$51.03	
Family	\$143.84	\$71.92	
Delta Care Dental PMI/DHMO RETIREE/COBRA**			
Single	\$18.58	\$9.29	City will bill
2-Party	\$28.18	\$14.09	
Family	\$41.92	\$20.96	
Local Advantage Dental Plan RETIREE/COBRA**			
Single	\$56.10	\$28.05	City will bill
2-Party	\$102.06	\$51.03	
Family	\$143.84	\$71.92	

*Health Rates include Vision Service Plan.

10/11/2007

**COBRA coverage is between 18 to 36 months, Contact HR, Benefits Division for information.

*** (M) Medicare Over 65 / (NM +65) No Medicare Over 65 / (NM) No Medicare Under 65

RATES ARE SUBJECT TO CHANGE.